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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											11	1/55	524
APPLICATION AS FILED — PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
FOR			NUME	ER FILED	NUME	BER EXTRA	П	RAT	E (\$)	FEE (\$)	l	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							٦ [1		300
SEARCH FEE (37 CFR 1.18(k), (i), or (m))											1		200
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							1 [1		400
TOTAL CLAIMS (37 CFR 1.16(i))			21	minus 2	10 = .		11	x			OR	X =	50
INDEPENDENT CLAIMS (37 CFR 1.16(h))			<u>a</u>	minus			11	x			ı m	х =	- 50
APPLICATION SIZE FEE (37 CFR 1.16(s)) MULTIPLE DEPENDENT C			sheets of is \$250 (additional 35 U.S.C	paper, t \$125 for 1 50 she 1 41(a)(1	n and drawings he application s small entity) for ets or fraction th)(G) and 37 CF	each ereof. See							
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* If the difference in column 1 is less than zero, enter *0* in column 2.								TOT	AL			TOTAL	L
ı	APP	LICAT	ION AS	AMEND	ED - PART I								
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR		THAN ENTITY
AMENDMENT A		REN	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	Ľ		Minus		-	П	x	- 1		OR	x =	
	Independent (37 CFR 1.16(h))			Minus		-	1 [x			OR	х =	
	Application Size Fee (37 CFR 1.16(s))										OK.		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))										OR		
× 1								ADD'L	FEE		OR	TOTAL ADD'L FEE	
_			amn 1)		(Column 2)	(Column 3)							
WENDMENT B		REM	AIMS IAINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Ш	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))			Minus	•	-	П	x	=		OR	х =	
밁	Independent (37 CFR 1.18(h))			Minus	•••	-	1	×			OR	х =	
3	Application Size Fee (37 CFR 1.16(s))										- C.		
_`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								- 1		OR		
									EE		OR	TOTAL ADD'L FEE	
•	" If the "Highest I " If the "Highest N	Number Number I	Previously Previously	Paid For Paid For	in column 2, writ IN THIS SPACE IN THIS SPACE I Total or Independ	is less than 20,	enter		und in ti	ne appropriate	box in c	column 1.	

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